CLAIMS ONLY

Application Number	Filing Date
10/676287	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED 5-2-04		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7	X	X				
8	X	X				
9	X	X				
10	X	X				
11	X	X				
12	X	X				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25	1					
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	2					
Total Depend	30					
Total Claims	32					

CLAIMS	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
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97						
98						
99						
100						
Total Indep						
Total Depend						
Total Claims						